

12-Month Employees Health Benefit Plan Premium Rates

Federal Employees Health Benefits (Employees hired before 10/01/1987)

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
AETNA OPEN ACCESS HIGH OPTION			
Self	JN1	\$128.72	\$278.89
Family	JN2	\$284.71	\$623.38
AETNA OPEN ACCESS BASIC OPTION			
Self	JN4	\$48.54	\$105.17
Family	JN5	\$113.59	\$246.12
AETNA HEALTHFUND CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	221	\$40.48	\$87.71
Family	222	\$93.10	\$201.72
AETNA HEALTHFUND HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	224	\$34.50	\$74.75
Family	225	\$75.56	\$163.71

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
APWU HEALTH PLAN HIGH OPTION			
Self	471	\$51.44	\$111.46
Family	472	\$116.32	\$252.04
APWU HEALTH PLAN CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	474	\$38.85	\$84.18
Family	475	\$87.40	\$189.37

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
BLUE CROSS BLUE SHIELD STANDARD			
Self	104	\$80.81	\$175.08
Family	105	\$185.06	\$400.97
BLUE CROSS BLUE SHIELD BASIC			
Self	111	\$46.50	\$100.76
Family	112	\$108.91	\$235.98

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
CAREFIRST BLUECHOICE HIGH OPTION			
Self	2G1	\$56.73	\$122.91
Family	2G2	\$128.64	\$278.72

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
GEHA BENEFIT PLAN HIGH OPTION			
Self	311	\$79.54	\$172.33
Family	312	\$186.06	\$403.13
GEHA BENEFIT PLAN STANDARD OPTION			
Self	314	\$37.02	\$80.22
Family	315	\$84.13	\$182.29
GEHA HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	341	\$43.94	\$95.20
Family	342	\$100.36	\$217.45

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
KAISER FOUNDATION HEALTH PLAN HIGH OPTION			
Self	E31	\$61.39	\$133.01
Family	E32	\$150.72	\$325.37
KAISER FOUNDATION HEALTH PLAN STANDARD OPTION			
Self	E34	\$33.49	\$72.57
Family	E35	\$77.04	\$166.92

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
MAIL HANDLERS BENEFIT PLAN VALUE OPTION			
Self	414	\$26.56	\$59.71
Family	415	\$65.70	\$142.36
MAIL HANDLERS BENEFIT PLAN STANDARD OPTION			
Self	454	\$76.62	\$166.01
Family	455	\$182.90	\$396.29
MAIL HANDLERS BENEFIT PLAN CONSUMER OPTION			
Self	481	\$35.86	\$77.71
Family	482	\$81.27	\$176.08



TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
MDIPA HIGH OPTION			
Self	JP1	\$55.95	\$121.22
Family	JP2	\$139.50	\$302.25

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
NALC			
Self	321	\$67.85	\$147.00
Family	322	\$138.34	\$299.74

TYPE	ENROLLMENT CODE	2010 BIWEEKLY PREMIUM	2010 MONTHLY PREMIUM
UNITED HEALTHCARE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)			
Self	E91	\$37.79	\$81.88
Family	E92	\$84.43	\$182.93
UNITED HEALTHCARE CONSUMER DRIVEN HEALTH PLAN (CDHP)			
Self	E94	\$45.15	\$97.82
Family	E95	\$99.94	\$216.55